

**EXHIBIT B**

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

PLAINTIFF DEMETRIUS BROWN	COURT CASE NUMBER 1:04-cv-379E
DEFENDANT UNITED STATES ATTORNEY	TYPE OF PROCESS SUMMONS

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
AT { UNITED STATES ATTORNEY  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
United States Attorney for the Western District of Pennsylvania  
100 State Street, Erie, PA. 16507

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Demetrius Brown  
Reg. No. 21534-039  
FCI RayBrook  
P.O. Box 9001  
RayBrook, NY. 12977

Number of process to be served with this Form 285	1
Number of parties to be served in this case	9
Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

The Defendant is hereby summoned and required to serve upon Plaintiff, Demetrius Brown, whose address is stated above, an answer to the complaint which is herewith served upon you within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. The nature of this action is a Tort Claim for personal injuries suffered due to ETS in which relief is for ten million dollars; filed with the Clerk of Court for the Western District of Pennsylvania

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Demetrius Brown

11/21/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee <u>Joe</u>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges <u>Joe</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>16800</u>
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REMARKS: Out 9842 8070 4710 12-05

12/29/05 RETURNED TO COURT UNEXECUTED - RETURN TO SENDER/FORWARD TIME EXP - PER ATTACHED COPY OF ENVELOPE

## PRINT COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Substituted 01/00

### Domestic Return Receipt

7160 3901 9842 8020 4710  
RETURN RECEIPT REQUESTED

UNITED STATES ATTORNEY  
UNIT1100 165072061 1804 04 12/09/05  
FORWARD TIME EXP RTN TO SEND  
US ATTORNEYS OFFICE  
17 S PARK ROW RM 4310  
ERIE PA 16501-1158

RETURN TO SENDER

*[Illegible text]*

**COMPLETE THIS SECTION ON DELIVERY**

**A. Received by (Please Print Clearly)**

**B. Date of Delivery**

### C. Signature

1

☐ Agent  
☐ Addressee

**D. Is delivery address different from item 1?**  
If YES, enter delivery address below:

☐ Yes  
☐ No

7160 3901 9842 8020 4710

#### 4. Restricted Delivery? (Extra Fee)

☐ Yes

**LINE 1:**

UNITED STATES ATTORNEY  
100 STATE STREET  
PHILADELPHIA, PA. 19107

4-379K, 048, 12/20/05, and

PS Form 3811, January 2003

Domestic Return Receipt

**Thank you for using Return Receipt Service**

↓ FOLD AND TEAR HERE ↓